

UNITED STATES DISTRICT COURT

Middle

District of

Tennessee

WERNER AERO SERVICES, On Behalf Of Itself  
And All Others Similarly Situated

SUMMONS IN A CIVIL ACTION

v.

CHAMPION LABORATORIES, INC. et al.

CASE NUMBER:

3 08 0474

TO: (Name and address of Defendant)

Cummins Filtration Inc.  
C/o Corporation Service Company, Registered Agent  
2908 Poston Avenue  
Nashville, TN 37203

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Kevin H. Sharp  
Drescher & Sharp, PC  
1720 West End Avenue, Suite 300  
Nashville, TN 37203

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

KEITH THROCKMORTON

CLERK

(By) DEPUTY CLERK

MAY - 9 2008

DATE

RETURN COPY

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE										
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE 5/19/08									
NAME OF SERVER (PRINT) <b>Christy L. Hudson</b>	TITLE <b>Paralegal</b>									
Check one box below to indicate appropriate method of service										
<input type="checkbox"/> Served personally upon the defendant. Place where served:										
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.										
Name of person with whom the summons and complaint were left:										
<input type="checkbox"/> Returned unexecuted:										
<input checked="" type="checkbox"/> Other (specify): <b>Certified Mail Return Receipt Requested</b>										
STATEMENT OF SERVICE FEES										
TRAVEL	SERVICES	TOTAL \$0.00								
DECLARATION OF SERVER										
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p>										
Executed on <u>5/21/08</u> Date	<u>Christy L. Hudson</u> <i>Signature of Server</i>									
<u>1720 West End Avenue, Suite 300</u> <u>Nashville, TN 37203</u> <i>Address of Server</i>										
<b>Return Receipt Requested</b>										
<b>SENDER: COMPLETE THIS SECTION</b>										
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.        ■ Print your name and address on the reverse so that we can return the card to you.        ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>										
<b>COMPLETE THIS SECTION ON DELIVERY</b>										
<table border="0"> <tr> <td>A. Signature </td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name) <b>A. Hudson</b></td> <td>C. Date of Delivery <b>5/19/08</b></td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <b>El No</b></td> </tr> </table>			A. Signature 	<input type="checkbox"/> Agent		<input type="checkbox"/> Addressee	B. Received by (Printed Name) <b>A. Hudson</b>	C. Date of Delivery <b>5/19/08</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <b>El No</b>	
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D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <b>El No</b>										
<p>1. Article Addressed to:</p> <p><b>Cummins Filtration Inc., C/o Corp. Services Co. 2908 Boston Avenue Nashville, TN 37203</b></p>										
<p>3. Service Type</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>			<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.		
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail									
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise									
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.									
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>										
<p>2. Article Number (Transfer from service label) <b>7006 2150 0004 9193 9835</b></p>										